

This portion MUST be returned with your payment to ensure proper credit. THANK YOU

ACCOUNT BILLED
ULTRADENT PRODUCTS

PROJECT NAME
ULTRADENT O C CLAIMS

PROJECT ID
S450057 ✓

DUE DATE	ANNUAL FEE	AMOUNT DUE
07/29/2005	\$ 150	\$ 150

TAX ID OR SOCIAL SECURITY #

<input type="checkbox"/> FEE NOT ENCLOSED

Permittee requests
an inspection to close
out this permit.

DIVISION OF OIL GAS AND MINING
1594 WEST NORTH TEMPLE SUITE 1210
PO BOX 145801
SALT LAKE CITY UT 84114-5801

<i>Change of Address</i>	
RECEIVED	
JUL 15 2005	
DIV. OF OIL, GAS & MINING	
Contact	_____
Address	_____
E-Mail Address	_____
State	Zip
_____	_____
Phone	_____
_____	_____

Please make check payable to:
Division of Oil, Gas and Mining